



WORK EXPERIENCE INCENTIVE PROGRAM APPLICATION

Name: _____ Client ID#: _____ Date of Birth: _____ Age: _____

Release Date: _____ Dorm: _____ Case Manager: _____

Have you obtained your GED? ☐ YES ☐ NO

IF YES:

Are you currently enrolled in a vocational class? ☐ YES ☐ NO If Yes: ☐ AM OR ☐ PM

If Yes, have you completed a vocational program? ☐ YES ☐ NO

If Yes, which ones have you completed? _____

IF NO:

Have you completed a vocational program? ☐ YES ☐ NO

If Yes, which ones have you completed: _____

Please list any previous work or volunteer experience you have had.

What position(s) are you interested in? _____

MEDICAL:

Do you have any physical limitations or health concerns? ☐ YES ☐ NO

If Yes, please explain: _____

Job Reassignment Request:

Is this a request for a change in your current job assignment? ☐ YES ☐ NO

If Yes, why are you requesting a change: _____

Youth Signature

Date Submitted

Original to: Work Program Coordinator
Copies to: On-Campus Work Placement Staffing Participants
Off-Campus Work Program Board

March 2010